DOVE HEALTHCARE AT GLENDALE

1633 WEST BENDER ROAD

MILWAUKEE 53209 Phone: (414) 228-9440	)	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	156	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	156	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	134	Average Daily Census:	138
	. The first of the first of the first of the first of	. An all all all all all all all all all al	and the state of the

Age, Gender, and Primary Diagnosis	of Residents (12/	31/05)		Length of Stay (12/31/05)	<b>%</b>
Primary Diagnosis	8	Age Groups	8	Less Than 1 Year	62.7 32.1
Developmental Disabilities	0.7	Under 65	20.1	More Than 4 Years	5.2
Mental Illness (Org./Psy)	14.2	65 - 74	14.2	İ	
Mental Illness (Other)	7.5	75 – 84	34.3	İ	100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	28.4		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.0	Full-Time Equivalent	
Cancer	0.0			Nursing Staff per 100 Resid	lents
Fractures	6.0		100.0	(12/31/05)	
Cardiovascular	1.5	65 & Over	79.9		
Cerebrovascular	17.2			RNs	6.4
Diabetes	9.7	Gender	%	LPNs	19.4
Respiratory	0.0			Nursing Assistants,	
Other Medical Conditions	43.3	Male	42.5	Aides, & Orderlies	41.0
		Female	57.5	j	
	100.0			j	
			100.0	j	

## Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)				Other			Private Pay				Family Care			Managed Care					
Level of Care	No.	ૄ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	1	9.1	400	12	17.6	152	3	33.3	166	0	0.0	0	1	3.3	152	0	0.0	0	17	12.7
Skilled Care	10	90.9	300	52	76.5	130	6	66.7	142	14	100.0	180	29	96.7	130	2	100.0	300	113	84.3
Intermediate				4	5.9	109	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		68	100.0		9	100.0		14	100.0		30	100.0		2	100.0		134	100.0

DOVE HEALTHCARE AT GLENDALE

*********	*****	*******	******	*****	*****	******	******
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of 12	31/05
Deaths During Reporting Period							
				:	% Needing		Total
Percent Admissions from:		Activities of	8	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	23.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	3.7		37.3	59.0	134
Other Nursing Homes	5.0	Dressing	14.2		42.5	43.3	134
Acute Care Hospitals	67.9	Transferring	25.4		38.1	36.6	134
Psych. HospMR/DD Facilities	1.9	Toilet Use	19.4		35.8	44.8	134
Rehabilitation Hospitals	0.0	Eating	51.5		29.1	19.4	134
Other Locations	0.0	*******	******	****	******	******	******
Total Number of Admissions	159	Continence		8	Special Trea	itments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	8.2	Receiving	Respiratory Care	8.2
Private Home/No Home Health	46.4	Occ/Freq. Incontinen	nt of Bladder	64.2	Receiving	Tracheostomy Care	0.7
Private Home/With Home Health	1.2	Occ/Freq. Incontinen	nt of Bowel	61.2	Receiving	Suctioning	0.0
Other Nursing Homes	7.7				Receiving	Ostomy Care	4.5
Acute Care Hospitals	6.5	Mobility			Receiving	Tube Feeding	7.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.7	Receiving	Mechanically Altered Diets	45.5
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Reside	ent Characteristics	
Deaths	28.6	With Pressure Sores		9.7	Have Advan	ce Directives	100.0
Total Number of Discharges		With Rashes		3.0	Medications		
(Including Deaths)	168	ĺ			Receiving	Psychoactive Drugs	75.4
		•					

************	******	*****	******	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Proprietary			-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.5	85.1	1.04	84.6	1.05	86.5	1.02	88.1	1.00
Current Residents from In-County	89.6	82.7	1.08	87.4	1.02	84.9	1.06	77.6	1.15
Admissions from In-County, Still Residing	47.2	15.8	2.99	17.0	2.78	17.5	2.70	18.1	2.60
Admissions/Average Daily Census	115.2	247.5	0.47	221.6	0.52	200.9	0.57	162.3	0.71
Discharges/Average Daily Census	121.7	250.7	0.49	225.9	0.54	204.0	0.60	165.1	0.74
Discharges To Private Residence/Average Daily Census	58.0	109.5	0.53	100.1	0.58	86.7	0.67	74.8	0.78
Residents Receiving Skilled Care	97.0	96.3	1.01	97.0	1.00	96.9	1.00	92.1	1.05
Residents Aged 65 and Older	79.9	84.6	0.94	90.1	0.89	90.9	0.88	88.4	0.90
Title 19 (Medicaid) Funded Residents	50.7	59.3	0.86	55.5	0.91	55.0	0.92	65.3	0.78
Private Pay Funded Residents	10.4	13.3	0.79	21.9	0.48	22.5	0.46	20.2	0.52
Developmentally Disabled Residents	0.7	1.9	0.38	1.2	0.62	1.1	0.66	5.0	0.15
Mentally Ill Residents	21.6	29.4	0.74	28.6	0.76	31.0	0.70	32.9	0.66
General Medical Service Residents	43.3	26.5	1.63	30.3	1.43	26.5	1.63	22.8	1.90
Impaired ADL (Mean)	59.1	53.7	1.10	52.9	1.12	52.3	1.13	49.2	1.20
Psychological Problems	75.4	53.4	1.41	56.3	1.34	58.3	1.29	58.5	1.29
Nursing Care Required (Mean)	9.9	7.7	1.29	6.9	1.44	7.3	1.36	7.4	1.33